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ABSTRACT

This module is part of a training program for foster parents and foster care workers offered at Colorado State University. The module's learning objectives address: (1) child development within the context of family and social development; (2) the stages of cognitive, social, emotional, moral, and physical development; (3) the range of normal development between the ages of 7 to 12 years; (4) parenting tasks relevant to middle childhood; and (5) the special needs of foster care children during the middle years. The module consists of three lectures. Lecture 1 considers several assumptions and theories of child development. Lecture 2 considers the topics of children's physical development, peer relationships, school experiences, moral development, and self-concept. Charts list developmental changes between ages 7 and 12, and developmentally appropriate toys and games. Lecture 3 describes problems of foster children and ways foster parents can help children deal with these problems, which include separation and loss, school difficulties, poor peer relationships, low self-concept, hyperactivity and a poor attention span, sexual abuse, provocative sexual behavior, and adult behavior. Charts list parents' helping behaviors in these areas. An 11-item reference list, a 17-item bibliography, and a 5-page form for evaluating the module, are included. (BC)

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ENHANCING CHILD DEVELOPMENT THE MIDDLE YEARS



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FOSTERING FAMILIES

A Specialized Training Program
Designed for
Foster-care Workers & Foster-care Parents

ENHANCING CHILD DEVELOPMENT THE MIDDLE YEARS

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FOSTERING FAMILIES

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FOSTERING FAMILIES

is a unique opportunity for foster care parents and foster care workers to explore the many complex aspects of the foster care delivery system.

is a training program designed to be comprehensive in its approach to educating those people most important to the success of foster care.

is specially designed 3 hour sessions to meet the varying learning and educational needs of foster care providers.

is designed to foster "a partnership of skill" to effect quality care for families and children in distress.

is offered, in specific levels, as upper-division college classwork in the Social Work Department done in concert with the Division of Continuing Education at Colorado State University.

is a collaborative project with the Colorado Department of Social Services and supported with funds from Title IV-E and Colorado State University.

FOSTERING FAMILIES

INTRODUCTION

Fostering Families, a specialized foster care training program, offers a distinctive learning opportunity for caseworkers and foster parents throughout Colorado. A unique program it is designed with input from foster parents and social services people who regularly work to meet the needs of children in out-of-home placement. This training project continues to evolve because of the on-going training program. To achieve easy accessibility for foster parents, training sessions are held in the evenings and on weekends. To afford access to caseworkers, sessions are also scheduled on weekdays. Each week training sessions are held throughout the urban, suburban and rural regions of the State. Our goal is to create training situations where both foster parents and caseworkers are learning collaboratively in each session.

This module, Enhancing Child Development in The Middle Years, explores the period of a child's development from ages seven to twelve of age. The information in this training session and in the manual assist with the important parenting processes for children in their middle years of life.

A lot happens in the 18 to 20 years of a child's life. Because it is so important to understand those developmental changes we have provided both detailed lists and discussion material on the normal developmental milestones of children in the years 7-12. These milestones are usually understood through observing key physical, cognitive, social/emotional patterns and moral. We also examine issues that are normally important for children during this stage of development such as relationship with peers, school, and self-concept

The module also provides information regarding aspects of play, with suggestions for toys and activities specific to different developmental-age groups. Because "play" is a major activity which enhances the developmental process, we include suggestions for toys and play activities specific to various developmental age groups.

After addressing the broad range of changes that occur during this time, we examine issues which affect the development of children in out-of-home and at-risk situations. Separation and loss, school difficulties, relationships with peers, formation of self-concept, hyperactivity, impulse control, and attention problems, sexual abuse and children who act like parents are discussed. In each area, specific "How to Help" information is provided.

FOSTERING FAMILIES

INTRODUCTION CONT'D

Each manual is written to provide a wide range of information on the topic area being addressed. In the training session it is unlikely that everything in the manual will be equally addressed. We recommend that the *manual be read completely soon after a training session*. We have been told that this helps gain a full understanding of the issue at hand. In this manual, there are several helpful charts that summarize important ideas and can be reviewed often when involved with a school-aged child.

Colorado State University allows participants the opportunity to gain university credit when a series of training sessions are satisfactorily completed. During the session, the training instructor will review procedures for applying for credit.

We welcome you to this Fostering Families training session. We encourage you to participate fully in the training; ask questions that help you (and others) in this interesting and challenging learning opportunity.

FOSTERING FAMILIES

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FOSTERING FAMILIES

LEARNING OBJECTIVES

1. To understand a child's development within the larger context of family and social development.
2. To learn the basic stages of cognitive, social, emotional, moral, and physical development within the middle years.
3. To gain an understanding of the range of normal growth and development for ages 7 to 12.
4. To examine the parenting tasks for middle childhood, generating ideas for successful support.
5. To explore special needs of children in foster care during the middle years.

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GLOSSARY OF KEY TERMS

social development	growth of the ability to form relationships outside the direct family with individuals and groups such as friends, clubs, schools
cognitive development	a person's mental growth in thinking, reasoning, and problem solving
emotional development	growth of the ability to experience and express a wide variety of feelings at increasing depths. Allows for meaningful relationships with others.
moral development	an internal frame of reference that judges actions of self and others and determines right from wrong.
middle years	for the purposes of this module, the ages 7 to 12
developmental lag or delay	the lack of age appropriate behaviors or expressions of learning; usually refers to a child who seems like a younger child in one or more areas of development
puberty	the transition years during which a child's body changes to an adult's and becomes capable of reproduction; also a time when many behavioral and emotional changes take place

FOSTERING FAMILIES

UNDERSTANDING DEVELOPMENT

LECTURETTE #1

Until this century society thought of children as little adults. As soon as they could comprehend a few directions and perform simple tasks, children were put to work. Today, in western culture, we view children differently. Children do not just know less because they are younger. They think, feel, and understand the world differently from adults. The process of eventually coming to feel and act like an adult requires the child to gain skills and abilities as he grows.

That process of growth and learning is referred to as development. Whether described as a series of stages or continuous learning, it is a process through which all children normally pass, gaining new skills along the way.

"Although all children must accomplish the same developmental tasks, each individual child approaches them in a way that reflects unique predispositions and experiences. The child's personality, physical abilities, and other individual attributes will certainly affect the way in which he or she exhibits the characteristics associated with a particular developmental stage. Nevertheless, significant commonalities exist" (Fahlberg, 1989). Those commonalities reflect a normal time span for the development of required skills. Yet within a normal range there may be great diversity both in the rate and the way children learn. Differences and similarities are normal.

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LECTURETTE #1, CONT'D

Recently Patricia and Robert Pasick (1985) summarized the basic assumptions that underlie our understanding of child development theory:

1. Human development is the result of a dynamic interaction between genetic-constitutional and environmental factors over the entire course of development.
2. The child is an active (versus passive) participant in development.
3. Significant individual differences in children affect their development.
4. Cognitive and emotional development are interdependent.

The first assumption tells us that children do not develop in isolation. While the middle aged child is developing physically, emotionally, cognitively, and socially, those around him are also growing and changing.

His mother and father may be experiencing new roles as they parent siblings in adolescence or they may be focused on their work and being productive. In blended families, newly married parents may still be forming a bond as a couple.

Siblings and peers, moving through their own developmental stages, may be at the same place as the child or they may be accomplishing other tasks. An adolescent, concerned about his looks and dating, may feel having a ten year old brother is a pain.

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LECTURETTE #1, CONT'D

And just as the members of families may be experiencing life differently, families as a whole are different. Today, about half of U.S. mothers work outside the home while the others do not. Traditional two parent homes exist along with many single parent families. Some children have two homes and several parents. Families have different values, rules for operation, and styles. Thus, the structure of a family and changes within the family may affect an individual child's development.

Hopefully, families provide support, guidance, and nurturing to children as they develop. Without this aid, children may feel insecure, incompetent, or bewildered.

Experts have studied children and discovered patterns in their social, cognitive, emotional, and moral development. By understanding these patterns we can identify ways to aid children as they grow and learn. Hopefully, we can also discover when a child is in trouble and needs more than we, as parents, can offer.

Erickson saw development as a series of stages, with crises in each stage which are resolved by the accomplishment of tasks. In the middle years, the crisis is feeling inferior versus feeling competent. Therefore, the task for the middle age child is to develop a sense of industry or feelings of competence. This usually happens outside the immediate family through interaction and competition with peers. At puberty the crisis becomes, "Who am I?" and the child begins to develop a sense of identity.

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LECTURETTE #1, CONT'D

Piaget described children's cognitive development, how they learn to think, reason, remember and in general make sense of their world. In the middle years, the child develops the ability to think logically about what is observable or concrete. They also begin to think symbolically, to represent things in their minds.

Kohlberg, in describing the development of moral reasoning, found that most children under nine do good to avoid punishment or to receive a reward. By early adolescence, however, they determine right by what gains approval and by what is the law.

Sears saw the middle years as the time a child learns outside the family. The child transfers dependency on members of his/her family to dependency on his peer group for reinforcement of his behavior and gratification.

Maier attempted to put together the major ideas of the above theorists (with the exception of Kohlberg) to come up with a practical model for working with children. Chart A, depicting Erickson's, Piaget's, and Maier's views of development, follows this lecturette.

Thus, development normally proceeds according to predictable patterns. With the support and guidance of family and others, children can grow to be caring, competent adults. But, the normal progression can be interrupted by lack of consistent or loving parents, illness or disabilities, abuse, or problems with others in the child's life .

CHART A

7

Foster Parenting = Psychological Parenting

- physical requirements
- inclusion process
- emotional/psychological process
- social process
- spiritual process

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NORMAL DEVELOPMENT IN THE MIDDLE YEARS

LECTURETTE #2

While all children do not develop at exactly the same rate, there are normal ranges for when children should accomplish tasks. For example, some children may be able to ride a bike by age five, others at age six, but all children should be able to ride a bike by age eight. In order to understand when children are in trouble and what we can do to help, we must first know normal development -- when, and in what order, children learn new behaviors.

As the child grows into the middle years, the skills and abilities she is developing are more subtle than learning to walk or going out on a first date. She is busy with school, peers, organized sports or clubs and is less focused on family. Parents could be deceived into viewing this period as "silent" years since the child appears to need less care than she did as a preschooler, but is not yet struggling with the issues of adolescence. Yet, much is happening at ages 7 to 12 and children continue to need their parents' support and guidance.

PHYSICAL DEVELOPMENT

Physical development is generally regular and steady during the middle years (and much less rapid than that experienced by the preschooler) until the onset of puberty, between ages 8 and 14 in girls and 9 and 15 in boys. "In general, the rate of maturation of boys is slower and less predictable than that of girls and their onset of puberty is more variable". (Shonkoff, 1984). Boys also appear to have growth spurts in strength and motor performance during the transition from childhood to adolescence, but girls do

FOSTERING FAMILIES

LECTURETTE #2, CONT'D

not. "Muscular strength and aerobic power improve somewhat during the growth spurt in girls but motor performance tends to reach a plateau" (Malina, 1990).

Just as there are gender differences in physical development, there are also socioeconomic differences. Children from lower socioeconomic backgrounds may have delays in bone age, the most useful indicator of physical maturity, as well as experience more illnesses and accidents and more exposure to environmental toxins. (Shonkoff, 1984).

Other areas of development are affected by physical development. Because children are grouped in organized sports according to age, boys who mature earlier have an advantage over their peers. For girls, the advantage tends to be in later maturity. Since a child's self-concept is affected by his comparison of himself to his friends, the later maturing boy may feel inadequate on the soccer field with boys who, having started puberty, are taller and heavier and have advanced performance.

With the onset of puberty, different parts of the body may grow unevenly. However, there is little evidence to support the myth (especially in boys) that this causes clumsiness. While some young adolescents may experience decreases in performance ability, it is unclear if this is related to physical changes or to changes in self-concept or attitudes toward performance.

Overall, the middle years are a time for children to increase and coordinate their gains in fine and gross motor abilities. As at any other age, exercise should focus on the development of strength,

FOSTERING FAMILIES

LECTURETTE #2, CONT'D

endurance, flexibility, and agility. Shonkoff suggests children should participate in exercises with "high level activity involving sustained exercise of the large muscle groups that place emphasis more on endurance than on speed, and that introduce the kinds of sports and aerobic activity that can be continued into the adult years" (1984).

PEERS

One of the shifts for the middle age child is in the amount of time spent with other children as opposed to adults. Therefore, a major task for this energetic kid is to build relationships with peers. Becoming less self-centered and more social, children form real friendships for the first time. The degree of intimacy (sharing personal problems or thoughts) increases from ages 7 to 12. Preferring the same sex, for the most part, children tend to choose friends that are like themselves. Younger children chose buddies who participate in similar activities, while 11 and 12 year old pick friends based on similar psychological characteristics.

These children often play hard. By age 10, girls may spend time talking, holding hands, and writing notes. Boys are more typically involved in active play with each other. By the end of this period, children may take the side of a peer instead of a parent in a debate or in demonstrating preferences. However, parents are still important to middle aged children. They enjoy spending time with parents and continue to need emotional support.

FOSTERING FAMILIES

LECTURETTE #2, CONT'D

This is also a time when children need to become skilled at prosocial behaviors - interacting fairly and in ways generally described as helpful to others. Research shows that peers tend to reject children with anti-social behavior and these rejected children tend to stay rejected, perhaps because their opportunities to develop prosocial behaviors and skills are limited. Notably, one of the important tasks during this period is to learn strategies for controlling one's own behavior. Since anti-social children also tend to be limited in their ability to see things the way another does or to empathize (taking the perspective of others is an ability that normally develops during the middle years), parents must aid children in learning how their behavior makes others feel, while teaching and modeling prosocial behavior. Involvement in organized group activities may also help children learn to play and interact appropriately with others.

In their interaction with other kids, children become both more competitive and more cooperative. Both sets of behaviors are influenced by the child's culture. More competitive behaviors are seen in the United States and Japan, than in Mexico or Kenya. Native American children tend to be taught to place more value on caring for and working with others than in competing with them. They often miss school because staying home with a sick relative is more important than being a good student. "Children do not simply become more competitive or cooperative as they grow older." Competition depends on the outcome, value of the outcome, and the structure for obtaining it. (Hartup, 1984).

FOSTERING FAMILIES

LECTURETTE #2, CONT'D

SCHOOL

School represents a big change for most first and second graders and their parents. For children, it is usually the first environment where achievement is emphasized and competition is rewarded. They must adjust to being supervised by new adults, to new expectations for behavior, and often to interacting with other children in orderly play. Parents must decide how to handle school problems and homework. They must work at teaching their children to control their behavior when away from parental supervision.

School also provides an opportunity for a child to compare himself to others, at an age just when his ability to make comparisons is emerging. It is during this time that he begins to construct what is often called his "academic self-concept" -- his idea of what his abilities are in relation to school performance. He may come to think of himself as "smart" or "dumb" depending on how he does in school. A negative self-concept may cause a child to isolate himself, resulting in problems with peer relationships. However, there is little evidence that this relationship between self-concept and school performance works the other way around -- that self-concept directly affects school achievement.

School achievement does appear to be affected by other factors, however, including emotional problems, cultural background, language, gender, and learning disabilities. Children who are anxious are unable to concentrate, spending part of the time, in which they should be accomplishing a task, in irrelevant behaviors. In some ethnic minority groups in the United States,

FOSTERING FAMILIES

LECTURETTE #2, CONT'D

school achievement is not valued or is valued less than other behaviors, as in the above example of Native American children. Language also affects a child's ability to do well in school. Obviously if a child must learn English as a second language, learning is more difficult. But even those African-American children who speak "black dialect", may have difficulty both in understanding the nuances of standard English used in schools and in expressing themselves in ways that teachers grasp.

Gender differences in performance are reflected in testing. By early adolescence, standardized testing consistently shows girls performing better in language skills, while boys do better in math. Boys are also often rewarded for success in school or sports, while we reward girls for achieving competence in relationships.

With increased cognitive abilities making learning more possible, school provides the opportunity to increase knowledge and skills. But some children need special assistance because of learning problems ranging from mental retardation to learning disabilities. Mental retardation is defined as a significant impairment in intellectual and adaptive (social and self-help) functioning. While there are varied causes, mild mental retardation is most often correlated with poverty. Because we do not have a good understanding of the causes of learning disabilities, the definition is often a functional one -- a significant discrepancy in intellectual and academic functioning. That is a child may have average intelligence but still not be able to perform in school.

FOSTERING FAMILIES

LECTURETTE #2, CONT'D

MORAL DEVELOPMENT

Children use and enjoy rules and gain a sense of fairness at this age. However, they do not have a sense of justice. Rules are seen as just rules to be followed, not as principles of behavior. Rules determine how a child decides right from wrong. What a child judges as right is determined by what the rule is or by what will bring him approval or reward from a parent or important adult figure.

By around 10 years of age, a conscience, or the ability to feel guilty, will begin to emerge in children. While we think of this as part of moral development, having a healthy conscience is a reflection of a child's attachment to her parents. If a child forms a strong bond with a parent, she cares what that parent thinks of her. While at age six she may do as she is told to escape punishment, by age 8, she begins to weigh her parents knowledge and see that as a reasonable basis for authority. By age 10, she begins to feel guilty if she violates what Mom says is right. The development of a conscience also reflects a child's increased cognitive abilities, especially the ability to take the perspective of others.

Parents can aid their children's moral development by stressing the consequences to others of misdeeds and by using authority to promote independent thinking rather than as a display of power. Children, whose parents elicit guilt or withdraw love for misdeeds, tend to be fairly rigid and rule oriented (Maccoby, 1984).

FOSTERING FAMILIES

LECTURETTE #2, CONT'D

SELF-CONCEPT

As you've seen in the previous sections, a child's developing cognitive abilities underlie many other developments at this age. The same is true for self-concept. As a child develops the ability to compare himself to others, he begins to form a relative idea of who he is. In addition, increased interaction with other children through school, play, and organized activities provide him with opportunities for comparison and thus more knowledge about himself. These increased abilities and opportunities make him more vulnerable since he may feel inferior when he makes comparisons, as in the later maturing child who is not as good on the soccer field.

Parents can help a child develop a positive self-concept through their continued emotional support. Parenting, that tends to accompany high self-esteem, involves strict expectations that a child follow through on requirements. But the strictness must be combined with a commitment to the child's welfare and an open exchange of ideas. "Parental warmth is constantly associated with high self-esteem" (Maccoby, 1984). Physical and psychological (withdrawal of love) punishment are generally associated with low self-esteem in children.

Increased cognitive abilities also change the way a middle aged child understands himself. At age 5, a child may describe herself using observable characteristics such as hair color or age. But by the middle years a child is more likely to think of himself as "cheerful" or "having a temper" -- focusing on more internal characteristics.

FOSTERING FAMILIES

LECTURETTE #2, CONT'D

At ages 7, 8, and 9 children may be very curious about their history. This is when adopted children may start to ask questions about where they came from. A child may want to see his baby books or hear about himself as a younger child. As puberty approaches, this curiosity intensifies with the need to establish a sense of identity.

The following chart lists some of the normal developmental changes we can expect to see during the Middle Years. Remember that ages 7 to 12 are a broad span of development -- a seven year old is different from a 12 year old -- so the developmental trends listed are general summaries. Also each individual child will not demonstrate all the noted characteristics.

FOSTERING FAMILIES

DEVELOPMENT AGES 7-12

CHART B

Developmental changes in the seven to twelve year old are more subtle than in earlier years. They also represent expansion and integration of earlier skills. Listed below are some changes you may expect to see, followed by problems or concerns for this age group and helpful parenting processes.

PHYSICAL

- o Physical growth steady and similar in boys and girls until puberty
- o For girls, puberty normally begins between ages 8 and 14 in the following order:
 - 1. growth spurt
 - 2. growth of breast tissue
 - 3. 2 years later onset of menses,
- o For boys, puberty normally begins between ages 9 and 15, but is less predictable and more variable than in girls. The order is:
 - 1. increase in testicular size
 - 2. growth spurt
- o Baby teeth are replaced with permanent teeth
- o Gross and fine motor skills become more coordinated as age increases
- o Recklessness may result in more injuries in younger children in this age group with recklessness decreasing with age
- o Lots of energy, but may tire easily
- o Large appetite
- o Attitudes, life style values, and behavior around health begin to form

FOSTERING FAMILIES

CHART B, CONT'D

COGNITIVE

- o Rapid increases in vocabulary
- o Develops ability to perform concrete operations at ages 6-7 (adding number of apples, link together a class of objects, i.e. a sheep, a dog, and a lion are all animals.)
- o Able to think symbolically, to represent something in one's mind
- o Increased ability to understand social roles
- o Not able to generalize behaviors to abstract concepts, personality traits or intent; i.e. a child's actions were "mean" because self-esteem is low.)
- o Formal operations (abstract thinking); ability to understand single abstractions beginning at age 10-12
- o Difficulty comparing or relating abstract concepts until ages 14-16
- o More adept at communication
- o Ability to take the perspective of others; see things as others see them

SOCIAL/EMOTIONAL

- o Intense work on self-concept
- o Degree of success at school affects self-concept
- o Peers take on increasing importance as friends and as a means of developing self-concept through comparison
- o Compares self to others, increasingly seeing how he is different
- o Spends less time with parents and more time with peers
- o Places increased importance on peers' values, opinions, attitudes
- o Begins to form patterns and attitudes which may be life long
- o Conscience developed, usually by around age 10; child has some internal guides for his behavior and feels guilt
- o Begins to regulate own behavior
- o Impulsiveness decreases; capacity for planning increases
- o General decrease in aggression
- o Aggression more directed at characteristics of other child rather than retrieval of an object
- o Verbal aggression may increase, physical aggression generally decreases

FOSTERING FAMILIES

CHART B, CONT'D

- o Refines understanding of how the social world works; knowledge about social conventions and relationships increases
- o Tend to play with same sex, but with much cross-over (boys calling girls names, kissing games)
- o Fears generally become more complex; may include school, not being liked by friends, war, not doing well, being lost, the supernatural
- o May enjoy being frightened or frightening other children
- o Increased sensitivity toward nudity and sex

FREQUENTLY IDENTIFIED PROBLEM AREAS

- o School problems
- o Lying
- o Fighting
- o Bedwetting
- o Failure to do chores
- o Bedtime problems
- o Fighting with siblings
- o Irresponsible behavior
- o Sloppiness about clothes and possessions

FOSTERING FAMILIES

CHART B, CONT'D

PARENTING PROCESSES SPECIFIC TO AGES 7 TO 12

- o Help child begin to control his own behavior
- o Monitor, guide and support child when out of parents' presence
- o Encourage and reward (but don't pressure for) achievement
- o Allow child increased participation in family decision making
- o State expectations clearly, monitor behavior, and enforce requirements firmly, but nonpunitively
- o Discuss problems
- o Discuss consequences of child's misbehavior, especially effects on other persons
- o Teach appropriate social behaviors; behaving courteously, fairly and with concern for others
- o Provide emotional support
- o Provide opportunities for learning outside school
- o Provide opportunities for participation in group activities
- o Encourage responsibility at home in chores and personal hygiene

FOSTERING FAMILIES

LECTURETTE #2, CONT'D

For preschoolers, play was an important way to learn. It remains just as important in the middle years. Besides teaching new skills play can relieve the tension of school work, provide an arena for learning to get along with other kids, and supply a place to develop competencies.

Since one of the tasks of the middle aged child is to develop relationships with peers, foster parents need to provide opportunities for play outside of school. Organized sports, clubs, or classes can help. These activities not only provide the opportunity to try out new ways of having fun, they can allow a child to discover his own interest. Children can learn the benefits of having rules through organized play. But one word of caution: although you may have to encourage foster children to give things a chance, play should still be fun. If a child truly doesn't like soccer, don't force his participation.

The following chart provides some ideas for toys for kids in this age group. But don't let it limit you. Use your imagination and let kids tell you what is fun.

FOSTERING FAMILIES

CHART C

The school-age child has gained fairly good control of small muscles, and can coordinate hand and eye to an increasing degree. The world is an interesting place for the school-age child, and toys should provide opportunities for him/her to explore new ideas or attempt new tasks. The school-age child needs

- o Toys, games, and apparatus for strengthening the muscles and developing skills;

Examples: Play-yard equipment

Climbing apparatus

Tumbling mats

Tire swing

Punching bag

Balls

Bean bag games

Ring toss games

Jump rope

Bicycle

Wagon

Skates

Swimming accessories, such as life jacket,
inflatable toys for water play

Garden tools and seed packets

- o Toys and games for stretching the mind;

Examples: Magnets

Thermometers

Magnifying glass

Soap bubble sets

Balloons

Clock dial

Cash register

Weighing scales

Number games

Lotto

Alphabet sets

Printing sets

Puzzles

Checkers

Viewmaster, slides, and filmstrips

Globe of the world

Chalkboard

Flannel board

Books

FOSTERING FAMILIES

CHART C

- o Toys for make-believe;
 Examples: Playhouse easily converted into store, school, clubhouse, etc.
 Costumes for dressing up
 Doll house and doll furniture
 Boy and girl dolls
 Dolls from other parts of the world
 Puppets
 Transportation toys
- o Toys to satisfy the urge to create and express feelings;
 Examples: Crayons, paints, colored chalk to use on paper
 Materials for paper sculpture
 Clay
 Sewing set, including cloth for making doll clothes
 Workbench with real tools
 Construction sets
 Design blocks
 Percussion instruments
 Cassettes and record player
 Musical instruments

FOSTERING FAMILIES

ISSUES FOR FOSTER CHILDREN

LECTURETTE #3

Development is a path all children travel. While most kids negotiate the hurdles of school, friendships, and puberty successfully, the path is never problem free. Listed in Chart D are some of the common problems and fears children in the middle years experience.

For foster children that path is much more rocky. Poor health care, limited intellectual abilities of parents, and the lack of stimulating activities are environmental conditions that predispose a child to developmental delays. Abuse may result in permanent disabilities. Most experts assume that a consistent, nurturing environment is necessary for healthy development. Foster children may not have had a single nurturing caretaker, or a consistent home with one set of rules. And since most have had traumatic experiences, it is not surprising that they often lag behind in their development.

Throughout children's lives if developmental tasks have not been completed, succeeding tasks may be delayed. For example, if a child did not adequately develop trust as an infant, his relationships with peers and teachers may be difficult in the middle years.

Foster parents can do a great deal to help children in their development. But it is important to remember that foster parents and case workers cannot do everything. There are times when more specialized professional help is needed. A child's development may be so disordered, so far behind, or due to such

FOSTERING FAMILIES

LECTURETTE #3, CONT'D

a debilitating physical or emotional problem that many professionals, working as a team, are required.

The behaviors listed in Chart D are generally red flags that you need help.

Some developmental delays will persist throughout a child's life -- a mentally retarded child will never "catch up," even though he will continue to learn. But many children can be helped to overcome their lags. And even if a child's behavior is proceeding at a normal rate, he may still need help dealing with the traumas he has experienced. Foster parents are critical in this process.

SEPARATION AND LOSS

The loss of a parent is difficult for any child. "If children this age are spending their emotional energy coping with feelings about separations and losses, this may interfere with their ability to accomplish the primary developmental tasks of this age, including learning in school and developing friendships with other children of the same sex. Separations and losses during these ages may cause temporary regressions to earlier stages of thinking or less mature behaviors. They may also interrupt the normal progression of conscience development." (Falhberg)

Children who are recently separated may be very withdrawn, isolating themselves from adults and peers. Or they may appear very active and possibly

FOSTERING FAMILIES

CHART D

COMMON PROBLEMS

use of slang/swearing
school problems
truancy
learning disabilities
bedtime
lying
dishonesty
breaking rules

COMMON FEARS

the dark
being late for school
not doing well
not being liked
death
war
injury
being lost
punishment

RED FLAGS

cruelty to animals and/or people
chronic bedwetting (enuresis)
chronic problems with bowels (encopresis)
violent or destructive behavior
difficulty learning in school:
(after a satisfactory period of adjustment in your home)
self-abuse
provocative sexual behavior

FOSTERING FAMILIES

LECTURETTE #3, CONT'D

aggressive. They may try to be very, very good or bad enough to require being sent back home. They may wet the bed or have nightmares.

HOW TO HELP:

1. Accept the child's development for what it is at the time. Remember that children will usually do what they can. Most children will perform well in school if they are able.

2. Listen to the child and encourage him to talk. Remember that the middle aged child is learning to put feelings into words. Talking about the conflicting feelings he has will make them less scary and more acceptable. Label feelings for him.

3. Accept the child's feelings while setting consistent limits. Understand that a child may not want to be close to you at first, but gently set limits on behaviors such as hitting, temper tantrums, or behaviors that interfere with others.

4. Provide security but be honest. To the extent possible, reassure a child around his normal developmental fears -- school, not being liked. But don't falsely reassure a child about what you don't know -- where his parents are, if he will go home. Do not leave child alone for long periods of time.

5. Use a child's increased understanding of time. Talk about when his next visit with birth parents will be.

6. Be warm and nurturing. Provide hugs when acceptable to the child.

FOSTERING FAMILIES

LECTURETTE #3, CONT'D

7. Accept the child's loyalty and love for his birth parents. Remember that even the most abused child may still feel a loss at being separated from his parents. While reassuring the child that being placed in foster care or the abuse was not his fault, do not openly criticize his parents. Rather let the child know the behavior of his parents was not safe or right for a child.

8. Make a lifebook. Help the child have something from his past to hold onto.

SCHOOL DIFFICULTIES

Many foster children experience difficulty in school. They may be so preoccupied with feeling sad or wondering where their parents are that they cannot concentrate. They may be too anxious to learn. They may have missed learning basic concepts due to many moves. Still other children may have learning disabilities or delayed cognitive development.

Many foster children have difficulties with their teachers and principals. Their experiences before foster placement greatly affect how they relate to authority figures. Anger and fear based on past abuse may appear in these present relationships.

How to Help:

1. Help with homework. Assist the child only if it is helpful. Do not allow homework to create tension between you and the child. Your most important job is to be a parent.

FOSTERING FAMILIES

LECTURETTE #3, CONT'D

2. Talk to the teacher. Find out how the child behaves in the classroom. Try to discover the reason for his difficulties. Ask for the teacher's help, such as in providing additional structure for the child or praising his success. Share what you've learned about this child's behavior with the teacher so he can avoid patterns that lead to angry interactions.

3. Insist on evaluation. If a child continues to have difficulty learning or is significantly behind, insist that the school provide psycho/educational testing to indicate his needs. Then request special services, if needed, and be involved in planning for the child.

4. Obtain a tutor. If the child is not eligible for special services at school, needs more help than the school is required to provide or additional help over the summer, a tutor after school may be useful. Balance this against the child's need to play and relax.

5. Find areas where the child can be successful. Remember that developing feelings of competency are important at this age. If a child has difficulty in school, but can draw, arrange art lessons. Put a well coordinated child in an athletic activity.

6. Reward success or improvement. If a child makes an 80 on a test after failing previous ones, let him know you are proud of him.

7. Teach responsibility through home chores. Help a child learn to regularly take the trash out or make his bed.

FOSTERING FAMILIES

LECTURETTE #3, CONT'D

8. Make learning fun. Play games that are instructive. Watch informative television shows. Go to the museum.

RELATIONSHIPS WITH PEERS

Foster children may have more difficulty getting along with other children. They may have switched schools often so that they are constantly the "new kid" or they may be feeling too anxious or depressed to play with others. Foster children may have come from homes where impulsive anger and violence are the usual ways of responding or where they simply have not been taught how to play and interact with others.

While not necessarily the cause of problems in adolescence or adulthood, problems in peer relationships are predictive of later adjustment and emotional difficulties. "...Difficulties with contemporaries contribute on their own, to negative self-attitudes, alienation, and reductions in social effectiveness." Precursors to delinquency have been shown to be: no close relationships, less interest in organized activities, and immature behaviors during the middle years. (Hartup, 1984)

How to Help:

1. Encourage and facilitate participation in activities with other children. Be guided by a child's interest but possibilities include organized groups such as sports, classes in dance or swimming, or clubs such as 4-H or Girl Scouts.

FOSTERING FAMILIES

LECTURETTE #3, CONT'D

2. Teach appropriate social behaviors (sharing, listening, etiquette) and concrete skills like how to play hopscotch or catch). Talk about and discourage inappropriate behaviors (bragging, bullying, poor manners) that will result in a child not being liked.

3. Teach talking through problems to resolve conflicts.

4. Be emotionally supportive so that the child can bring his failures and frustrations home to you and use you as guide for dealing with peer problems. Punish as infrequently as possible.

5. Help the child to examine the effects of his behavior on others. This may help him develop his own internal controls for his behavior.

6. Help the child be as physically attractive as possible. Provide up-to-date clothes and a stylish haircut. Obviously, while physical attractiveness does not determine a child's worth, it may make it easier for him to attract friends.

7. Stop aggressive behavior. Other children will reject an aggressive child.

SELF-CONCEPT

Children who have been removed from their parents, may have difficulty with self-esteem, identity and other issues related to figuring out who they are. They often feel as if being removed was their fault. If they are failing in school, they may feel inadequate. They may also have difficulty figuring out if and where they fit into their foster family. It is not

FOSTERING FAMILIES

LECTURETTE #3, CONT'D

unusual for children this age to want to know about their birth parents or where they came from. Since developing a self-concept that includes an understanding of traits not just concrete things like age, is important at this age, foster parents can help by understanding the child's natural confusion and providing assistance.

How to help:

1. Establish a sense of belonging in the foster family and the family's community. Get the child a library card. Encourage participation in clubs, such as scouts.
2. Ask a child to tell you who he is. Especially when a new child comes into your home, encourage him to talk about himself, defining his own identity.
3. Give a child tasks at home that he can accomplish. Children feel useful and important if there are things they can do. Do not challenge her beyond her abilities.
4. Respect a child's privacy. Help a child to feel a sense of control over his body and his belongings.
5. Encourage and assist with risks. Children will feel more competent if they try new things and succeed or discover it's ok not to accomplish everything. So, encourage challenges but be sure the child has a good chance at succeeding.
6. Make a scrapbook. Include pictures of natural and foster families.

FOSTERING FAMILIES

LECTURETTE #3, CONT'D

7. Make a family tree. Include family members with positive attributes with which he can identify. "Your mother can sing and so can you."

8. Encourage a sense of ownership. Allow the child to have possessions that are his to take with him.

9. Have a record of his accomplishments. Keep a record of good grades, special art work or other things of which the child can be proud.

10. Tell a child that it's not his fault. Let a child know directly and indirectly that he is not to blame for what happened to him or to his parents.

HYPERACTIVITY, IMPULSE CONTROL, ATTENTION PROBLEMS

Not only do the experts disagree on the causes of these conditions, they disagree on the descriptions. If all these states are seen as existing on a continuum, it is difficult to draw a line between normal and abnormal. It is also difficult to discern what is a behavior problem because it occurs in a particular family and what would be a problem no matter what the setting. For example, some families have a high tolerance for active, loud play, often describing it as "all boy" or "typical kid" behaviors, while the same behaviors drive another family nuts.

Nevertheless, foster children, especially boys, are more likely to have problems in these areas. While hyperactivity, impulse control and inattentiveness have slightly different meanings, they often occur together.

FOSTERING FAMILIES

LECTURETTE #3, CONT'D

Hyperactivity is defined as an activity level that is beyond the range of normal. But again normal has a very wide range. Children do usually calm down by age six. A good functional definition for hyperactivity is an activity level that interferes with a child's ability to learn in school --to sit still long enough to listen to instructions or complete assignments. Obviously this is closely linked to attention problems. Can a child attend closely enough to the world around him--again the diagnostic criteria generally used is, in school--to learn? Difficulty with impulse control implies a child cannot stop herself from behaviors that she may not have wanted to perform or that will surely get her in trouble. It implies acting without thinking. While we don't expect preschool children to act before they think, we do expect to see this ability emerging in middle aged children. During this time, children and parents begin to engage in more and more "co-regulation". That is, children take on more regulation of their own behavior with parents providing less direct guidance. As children, ages 6-12, are in activities with less on the spot parental supervision, it is especially important that they begin to exhibit self-control.

Just as there is disagreement on the nature of the above difficulties, there are a wide range of opinions on causes. Some of the most popular are organic problems or problems in brain functioning, allergies or diet intolerance, emotional problems within the child, family disorganization, and learning disabilities.

FOSTERING FAMILIES

LECTURETTE #3, CONT'D

If a child is thought to have a problem in brain functioning, he may be prescribed dextroamphetamine or methylphenidate (most commonly, ritalin). These drugs seem to help some children calm down enough to learn. However, most diagnosticians first try to rule out anxiety or other emotional disturbances and family dysfunction. Learning disabilities present a "chicken or the egg" dilemma. Is the child too active to learn, or is he having difficulty learning and becomes anxious and acts out to cover his difficulty? Psycho/educational testing may provide some clues to the answer. But because medication does have side effects (reduced appetite, slowed physical growth, and possibly later fertility problems in boys) medication is usually recommended as a last resort after investigation of other potential causes and after implementation of a good behavior management program in the classroom and at home. Medication is also recommended for use only during school hours.

While many parents profess that diet affects their child's behavior, the majority of studies presently indicate no connection between diet and hyperactivity, impulse control, or attention problems. However, since the diet culprits most commonly identified by parents are sugar, food dyes, and chocolate, many pediatricians simply tell parents it won't hurt a child to be without those foods if parents feel diet makes a difference.

As adults, most of us can identify with feeling out of control when in a very stressful state. Much agitation and

FOSTERING FAMILIES

LECTURETTE #3, CONT'D

anxiety in children may be linked to present or past trauma. If a child is grieving the loss of his parents, sibling or favorite pet, he may be unable to attend to a teacher in the classroom. Therapy, a nurturing home environment and a structured, but nonpressuring school environment, are usually recommended in these instances.

Children who do not exhibit good control of their behavior may come from chaotic families and may not have been taught appropriate social behaviors or encouraged to achieve. Discipline may have been angry, unfair, and not necessarily related to the misbehavior. These children will benefit from a patient approach that teaches new behaviors.

How To Help:

1. Allow a period of settling in. Recognize that high levels of activity may be a temporary result of loss and adjustment to a new home.
2. Talk to your caseworker and seek professional help if difficulties continue after a period of adjustment to home and school, especially if the child is not making progress in school. Talk to his teacher for suggestions of where to seek evaluation. The school psychologist may be able to assist or a multidisciplinary evaluation may be indicated. Evaluation should provide clues to cause and treatment recommendations.
3. Provide a calm, soothing, home environment. Try a quiet walk together, painting, listening to music, whatever works for this child. Model reduced

FOSTERING FAMILIES

LECTURETTE #3, CONT'D

activity levels. Use a calm tone of voice. Provide a very structured, predictable environment.

4. Try providing modified yoga or relaxation techniques. For the seven or eight year old, pretend to be a lion who stretches and yawns and lies quietly in his den. Practice deep breathing. Karate classes may help with self-control.

5. Remove all distraction for a child when working on homework. Give him a quiet, private place with few toys, posters, or other visual distractions if possible.

6. Ask a child to look at you when you talk if he's having difficulty paying attention. Be sure you have his attention before you continue.

7. Help the impulsive child develop internal controls of his behavior. When correcting or punishing a child for an intolerable behavior, such as striking another child, clearly point out the results of his behavior, focusing on how it made someone else feel and explain the consequences.

8. Aid with the development of internal control by helping the child talk about his feelings after an incident. What triggered the behavior? What are his red flags that he's about to act impulsively?

9. Help a child develop acceptable means of blowing off steam -- hitting a pillow, yelling in the backyard, telling the person at whom he's mad, that he's mad.

FOSTERING FAMILIES

LECTURETTE #3, CONT'D

10. Do not allow a previously abused child to push your buttons to the point that you lose control. Recognize the child's pattern and interrupt before you act impulsively.

11. Consider whether a destructive, impulsive child should be in a foster home. His behavior may require a more structured, controlled residential setting.

12. Find a therapist for the child who can give suggestions for controlling behavior at home and school. Therapy may be useful for children whose problems with activity levels and/or impulse control stem from different causes.

CHILD SEXUAL ABUSE

Tragically, many children who are placed in foster care have been sexually abused by one or both parents or by other relatives such as grandfathers, brothers, uncles, etc. They may also have been abused by those outside the home such as teachers, family friends or strangers. In almost all cases the child knows the abuser. Sexual abuse is considered any type of adult sexual contact with a child for the adult's own pleasure without concern for the impact on the child. (Berliner, 1982). More girls than boys are abused, with the majority being between the ages of 8 and 12. Abuse is found at all ages levels, however, including infancy, the early years and adolescence.

The initial effects of child sexual abuse are wide ranging and variable in their intensity. Some children may show

FOSTERING FAMILIES

LECTURETTE #3, CONT'D

extraordinary levels of acting out. Other children seem to have no obvious effects from the abuse. Some effects are the same as with other kinds of trauma. The effects of the abuse also depend on the child's age when the abuse occurred, his developmental level, the relationship with the abuser, his environment, the length and frequency of the abuse, the type of abuse and the way the intervention was handled.

While there are a number of behaviors that are considered possible effects of sexual abuse, the only specific behaviors which by themselves suggest sexual abuse are age inappropriate sexual behaviors and developmentally advanced sexual knowledge. Sexual behavior is learned, so if children show an excessive interest in, knowledge of, and participation in sexual activity, it can be inferred that they have been exposed to sexual activity. This would include fondling, penetration or exposure to sexually explicit activities, materials or videos.

Many children who were themselves victimized become abusers with other children. They may also remain victims by trying to solicit further sexual interactions with adults by provocative behavior. It is not unusual to see excessive and open masturbation in these children. These kinds of behaviors can cause feelings of alarm and disgust in caregivers (including foster parents.) Many children are moved from placement to placement because foster parents don't know how to handle this kind of behavior. Some foster parents feel sorry for the child and are hesitant to intervene. Others are tempted to blame the child for what happened.

FOSTERING FAMILIES

LECTURETTE #3, CONT'D

Other behaviors that might occur as a result of sexual abuse are: fear, sadness, guilt, shame, anxiety, hostility, poor self-esteem, aggressive behavior, poor peer relationships, lack of trust, difficulties in school, sleep disturbances (including nightmares), bedwetting, somatic complaints (stomach ache, headache, etc.), withdrawal, depression, regressed behaviors, clinging behaviors, flinching when appropriately touched, suicidal feelings and self-mutilation. As a child enters adolescence eating disorders, running away, and abuse of alcohol and drugs may also occur. This child may become involved in gangs or prostitution. It should be repeated here that many of these behaviors may also be present because of other traumas in the child's life (including removal from the home and foster placement.)

HOW TO HELP:

1. Be patient and understanding, while providing love and assurance. The aftermath of the reporting of the abuse can be equally traumatic for the child. It appears that she is being punished for her part in it because she has been questioned by unfamiliar adults, rejected by her family, removed from her home and placed in foster care. All of these traumatic experiences make the child vulnerable and defensive.

2. Realize that children blame themselves for what happened and may consider themselves "bad" and deserving of the abuse. At this age things are all good or all bad for children and they need to view their parents as good. They will love the parent and be fiercely loyal to him even if they were abused by him. Try

FOSTERING FAMILIES

LECTURETTE #3, CONT'D

to understand these feelings in a child and don't try to convince him that his parent is "bad".

3. Recognize that sexual abuse is an abnormal event that can interrupt a child's normal developmental process. Children may react by regressing to younger behaviors such as thumb sucking or rocking. Patience and nurturing will help make these behaviors temporary. As the child becomes more secure he will continue to develop more normally.

4. Find a good therapist who has experience working with sexually abused children. This is probably the most important thing you can do for your foster child. Children who are assisted at this age in talking about and understanding the experience by someone who believes their stories, can be helped to avoid long-term effects of sexual abuse.

5. Respect the relationship between the child and her therapist. Don't ask the child what she talked about in session or try to correct what the therapist is telling her.

6. Check to see if the child believes the abuse occurred. There are times when children need to pretend that it didn't happen. Ask the child if he believes the abuse occurred or if, for now, he needs to pretend that it did not. It's not necessary to convince the child.

FOSTERING FAMILIES

LECTURETTE #3, CONT'D

7. Allow and gently encourage the child to talk about the abuse even though it may cause distress initially. Talking about it helps to minimize the long-term effects of the abuse and provides repeated opportunities to tell the child it was not his fault. The child should also be informed about when, where, and with whom to talk about the abuse.

8. Try to prevent future abuse by discussing "appropriate" touching versus "inappropriate touching." Tell the child that if anyone touches her in her private parts or asks her to touch theirs, she should tell you about it.

9. Be the one constant person the child can turn to for comfort, explanation, and reassurance during the aftermath of the reporting of the abuse.

For Case Workers:

1. Establish a treatment plan with the specific child victim's needs in mind. Goals should include restoring the child to normal functioning and helping to alleviate the long-term effects of the abuse and the removal from the home.

2. Be a sounding board for the frustrations of the foster parent. Provide support as well as information regarding the effects of the abuse and appropriate management techniques.

3. Work as an advocate for the child. It is your job to know the requirements of the legal and social service system so that the offender receives treatment and society is protected.

FOSTERING FAMILIES

LECTURETTE #3, CONT'D

4. Know your own personal values regarding child sexual abuse. Understanding yourself will aid with the stress of working in this field and limit judgement of others.

5. Help to create awareness about the problem of child sexual abuse, explore ways to stop it, and support prevention techniques.

PROVACATIVE SEXUAL BEHAVIORS IN ABUSED CHILDREN

All aged children normally engage in some sexual activity. You may see masturbation, interest in "dirty magazines" or an attempt to "sneak a peek" at an adolescent sibling. Especially at puberty, kids are interested in sex. But abused children, demonstrate sexual behavior that is advanced for their ages. They seem to lack discrimination between what is appropriate and what should be performed in private. This display of sexual behavior by previously abused children is a particularly difficult area for foster parents. This "inappropriate" behavior can take many forms including: public masturbation, sexualized kissing and hugging, seductive behavior towards adults, clinging to adults, "dirty" sexual language, dressing in seductive ways, and excessive sexual playing with other children.

The most important thing for you to remember is that sexually abused children are still children with normal needs for attention, affection, and a sense that they are loved and special. When these children act out in sexual ways they are seeking attention and caring, perhaps in the only ways they have learned. They

FOSTERING FAMILIES

LECTURETTE #3, CONT'D

need to be taught that there are other ways to express affection. As a foster parent you can model these ways, explain them to your child and set rules about what is acceptable in your family. They need limits and need to know what the rules are. Your child should also know the consequences of exhibiting inappropriate behavior.

Handling inappropriate sexual behavior with spanking or other harsh methods (like washing the child's mouth out with soap) is not recommended. Spanking only reinforces to the child that adults have the right to touch his private areas and, for some children, is sexually stimulating. Washing a child's mouth out with soap adds to his feelings of being bad or dirty.

Better ways to handle the behaviors include: avoiding situations that could present problems, such as sitting on Dad's lap; not having two children or the foster parent and a child alone together for extended periods of time; not reinforcing the behavior by cuddling with the child when it happens (be affectionate with the child when he is not behaving this way); don't sit in bed with foster children of any age or let them come into your bed (for your own protection as well as teaching the child); have all family members dress appropriately at all times; teach the child what kind of touching and with whom is acceptable in your home.

When a middle aged child touches another child in private places on his body, tell him "no" and explain why that kind of touching is unacceptable. If "no" doesn't work with the child, separate him from the other child for a period of time.

FOSTERING FAMILIES

LECTURETTE #3, CONT'D

The child should be told that you love him and want to be with him and he can come back when he is able to control his behavior. For a 7 or 8 year old or a middle aged child who is developmentally delayed, you may need to remove his hand, say "no" and explain in a simpler way.

The child who masturbates publicly, should be told that behavior happens privately, not in public. He can also be removed from the public place so that he realizes the behavior is not acceptable in that location. Remember to give him plenty of love and affection when he has stopped the behavior. If any of these problems persist, the caseworker and therapist should be informed.

How to Help:

1. Handle the behavior "simply, directly, and without emotional charge." This may require mild interventions or very abrupt ones. Be firm, but caring.
2. Handle the behavior as you would nose-picking which is also inappropriate. It has to stop.
3. Don't physically or emotionally withdraw from the child. Do give him alternative and appropriate ways to behave. Model these for him and also make suggestions.
4. Handle the behavior when it happens. Don't wait for time alone. If you handle it privately it will only add to the stigma of shame and give the behavior undue importance.

FOSTERING FAMILIES

LECTURETTE #3, CONT'D

5. Do let the child know that it is okay to have sexual feelings.

We all have them. What is important is learning to express them at the right time and place. For children, this means indicating that the right time is when they are older.

6. Don't indicate to the child that you are offended by her behavior or overwhelmed by it. This would only increase her sense of being bad and reinforce her ability to have control over adults.

7. For siblings who are sexually demonstrative to one another, express your understanding that this is how they have learned to care for one another. Also let them know that there are other ways to express that caring in your household.

8. Emphasize to children that sexual interactions between adults and children are never appropriate. Tell your child that you will protect her from that kind of interaction until she is able to protect herself.

9. Teach your child appropriate ways to express love and caring with good touching--hugs, kisses on the cheek, etc.

- If you are seeing a number of the sexual behaviors mentioned, consult a professional therapist who will be able to discern if the child has been sexually abused and will also be able to offer suggestions to handle those particular behaviors.

- Two particular areas that are more difficult to handle and will require professional assistance are

FOSTERING FAMILIES

LECTURETTE #3, CONT'D

children who have been given money, food, toys, etc. for sex; and children who have used sex as a way of getting pleasure or to relieve tension.

PARENTIFIED CHILD

Some children behave like little adults. They may be polite, cooperative, and industrious. But they don't act like kids. Having been reared in families where their parents were incapable of parenting, they have learned to parent themselves and often their own parents and siblings. These children are often seen in families with alcohol or sexual abuse. The dynamic develops "when a parent is emotionally dependent, perceives his or her environment as hostile, has had significant losses in life, and turns to the child to have emotional needs met." (James, 1989)

The "parentified child" may resist your efforts at caretaking. Having never played like a kid, she may not know how and may think playful behavior is silly. She may try pitifully hard to meet all her own needs and usually won't ask for what she needs from others. She sacrifices herself for the needs of others.

HOW TO HELP:

1. Talk about what kids need. Tell the child that playing and learning are what kids need to do to get ready to be an adult.

FOSTERING FAMILIES

LECTURETTE #3, CONT'D

2. Teach play behaviors. Since these children may not know how to play, teach specific games and model playful behavior.

3. Appreciate the child's helpfulness but let him know you will do your job. "Thank you for washing the dishes for me, Paul. But that's enough work for a kid. You go play now and I'll make dinner. That's my job."

4. Praise the child for playful or kid-like behavior. Remember that most of her attention in the past came for being a "good little kid".

5. Encourage participation in group activities. Often in group play, these children get swept up in the fun and forget their inhibitions. Their deficits in skills may go unnoticed in a group.

For Caseworkers:

1. Involve the birth parents if possible. The child needs to know that the parents he cared for are going to be ok in order to let go of his parenting role. Help the parents understand their child's behavior and elicit their help. Ask the parents to tell the child who, other than the child, they can depend on for help.

2. Aid foster parents in finding a therapist. With the parentified child, a therapist can help the child understand and let go of behaviors that are not healthy, while offering concrete suggestions to foster parents.

FOSTERING FAMILIES

LECTURETTE #3, CONT'D

The ages 7 to 12 should be a time of learning and fun for kids. Foster kids may need more of our help in being able to enjoy life. We've listed a few of the things foster parents can do to help but you may have other ideas. Obviously solutions are complex and must fit the needs of each individual child. As foster parents, knowing each child that comes into your home and using your past experience and knowledge can give you a good start. When you need extra help don't be afraid to ask for it. In this module there is a reading resource list. Other possible sources of help include your caseworker, other foster parents, the school, mental health centers and other community resources.

FOSTERING FAMILIES

ISSUES FOR FOSTER CHILDREN: SEPARATION AND LOSS

CHART E

Below are some ideas for helping foster children experiencing separation and loss.

1. Accept the child's development for what it is at the time.
2. Listen to the child and encourage him to talk.
3. Accept the child's feelings while setting consistent limits.
4. Provide security but be honest.
5. Use a child's increased understanding of time.
6. Be warm and nurturing.
7. Accept the child's loyalty and love for his birth parents.
8. Make a lifebook.

FOSTERING FAMILIES

ISSUES FOR FOSTER CHILDREN: SCHOOL DIFFICULTIES

CHART F

Below are some ideas for helping foster children experiencing school difficulties.

1. Help with homework.
2. Talk to the teacher.
3. Insist on evaluation.
4. Obtain a tutor.
5. Find areas where the child can be successful.
6. Reward success or improvement.
7. Teach responsibility through home chores.
8. Make learning fun.

FOSTERING FAMILIES

ISSUES OF FOSTER CHILDREN: RELATIONSHIPS WITH PEERS

CHART G

Below are some ideas for helping foster children experiencing problems with peer relationships.

1. Encourage and facilitate participation in activities with other children.
2. Teach appropriate social behaviors (sharing, listening, etiquette) and concrete skills like how to play hop-scotch or catch).
3. Teach talking through problems to resolve conflicts.
4. Be emotionally supportive so that the child can bring his failures and frustrations home to you and use you as guide for dealing with peer problems.
5. Help the child to examine the effects of his behavior on others.
6. Help the child be as physically attractive as possible.
7. Stop aggressive behavior.

FOSTERING FAMILIES

ISSUES OF FOSTER CHILDREN: SELF-CONCEPT

CHART H

Below are some ideas for helping foster children experiencing problems of poor self-esteem.

1. Establish a sense of belonging in the foster family and the family's community.
2. Ask a child to tell you who he is.
3. Give a child tasks at home that he can accomplish.
4. Respect a child's privacy.
5. Encourage and assist with risks.
6. Make a scrapbook.
7. Make a family tree.
8. Encourage a sense of ownership.
9. Have a record of his accomplishments.
10. Tell a child that it's not his fault.

FOSTERING FAMILIES

ISSUES OF FOSTER CHILDREN: HYPERACTIVITY, IMPULSE CONTROL, ATTENTION PROBLEMS

CHART I

Below are some ideas for helping foster children experiencing problems of poor self-esteem.

1. Allow a period of settling in.
2. Talk to your caseworker and seek professional help.
3. Provide a calm, soothing, home environment.
4. Try providing modified yoga or relation techniques.
5. Remove all distraction for a child when working on homework.
6. Ask a child to look at you when you talk.
7. Help the impulsive child develop internal controls of his behavior.
8. Aid with the development of internal control by helping the child talk about his feelings after an incident.
9. Help a child develop acceptable means of blowing off steam.
10. Do not allow a previously abused child to push your buttons to the point that you lose control.
11. Consider whether a destructive, impulsive child should be in a foster home.
12. Find a therapist for the child who can give suggestions for controlling behavior at home and school.

FOSTERING FAMILIES

ISSUES OF FOSTER CHILDREN: CHILD SEXUAL ABUSE

CHART J

Below are some ideas for helping foster children experiencing problems of poor self-esteem.

1. Be patient and understanding, while providing love and assurance.
2. Realize that children blame themselves for what happened and may consider themselves "bad" and deserving of the abuse.
3. Recognize that sexual abuse is an abnormal event that can interrupt a child's normal developmental process.
4. Find a good therapist who has experience working with sexually abused children.
5. Respect the relationship between the child and her therapist.
6. Check to see if the child believes the abuse occurred.
7. Allow and gently encourage the child to talk about the abuse even though it may cause distress initially.
8. Try to prevent future abuse by discussing "appropriate" touching versus "inappropriate touching."
9. Be the one constant person the child can turn to for comfort, explanation, and reassurance during the aftermath of the reporting of the abuse.

For Case Workers:

1. Establish a treatment plan with the specific child victim's needs in mind.
2. Be a sounding board for the frustrations of the foster parent.
3. Work as an advocate for the child.
4. Know your own personal values regarding child sexual abuse.
5. Help to create awareness about the problem of child sexual abuse, explore ways to stop it, and support prevention techniques.

FOSTERING FAMILIES

ISSUES OF FOSTER CHILDREN: PROVOCATIVE SEXUAL BEHAVIORS

CHART K

Below are some ideas for helping foster children experiencing problems of poor self-esteem.

1. Handle the behavior "simply, directly, and without emotional charge." (James, 1989.)
2. Handle the behavior as you would nose-picking which is also inappropriate.
3. Don't physically or emotionally withdraw from the child.
4. Handle the behavior when it happens.
5. Do let the child know that it is okay to have sexual feelings.
6. Don't indicate to the child that you are offended by her behavior or overwhelmed by it.
7. For siblings who are sexually demonstrative to one another, express your understanding that this is how they have learned to care for one another.
8. Emphasize to children that sexual interactions between adults and children are never appropriate.
9. Teach your child appropriate ways to express love and caring with good touching--hugs, kisses on the cheek, etc.

- If you are seeing a number of the sexual behaviors mentioned, consult a professional therapist who will be able to discern if the child has been sexually abused and will also be able to offer suggestions to handle those particular behaviors.

- Two particular areas that are more difficult to handle and will require professional assistance are children who have been given money, food, toys, etc. for sex; and children who have used sex as a way of getting pleasure or to relieve tension.

FOSTERING FAMILIES

ISSUES OF FOSTER CHILDREN: PARENTIFIED CHILD

CHART L

Below are some ideas for helping foster children experiencing problems of poor self-esteem.

1. Talk about what kids need.
2. Teach play behaviors.
3. Appreciate the child's helpfulness but let him know you will do your job.
4. Praise the child for playful or kid-like behavior.
5. Encourage participation in group activities.

For Caseworkers:

1. Involve the birth parents if possible.
2. Aid foster parents in finding a therapist.

FOSTERING FAMILIES

RESOURCE LIST FOR PARENTS

Most of the following books are written for parents and may be purchased at local bookstores or found in your public library. They are provided to you as resources for further reading on child development and management in the middle years. If you have found other books useful, we'd like to know of them so that we may add them to the list.

Assertive Discipline for Parents L. Canter and M. Canter, New York, NY: Harper And Row, 1988

Between Parent and Child and Between Parent and Teenager Haim G. Ginott, New York, NY: Avon, 1971

Child Behavior From Birth to Ten Frances L. Ilg and Louise Bates Ames, Ney, NY: Harper and Row, 1981

Children the Challenge 2nd ed. R. Dreikurs and V. Stoltz, New York, NY: Dutton, 1987

Creative Parenting William Sears, New York, NY: Dodd, Mead, 1983

Growing Up On Purpose Robert W. Parkinson, Champaign, IL: Research Press, 1985 (written for children, late elementary to junior high level, but also good reading for parents)

How to Talk So That Kids Will Listen A. Faber and E. Mazlish, New York, NY: Avon Books, 1982

Teaching Children Self-Discipline T. Gordon, New York, NY: Times Books, 1989

The Parent's Handbook: STEP--Systematic Training for Effective Parenting D. Dinkmeyer and G. McKay, Circle Pines, MN: American Guidance Service, 1982

Treating Traumatized Children: New Insights and Creative Interventions Beverly James, Lexington, MA: Lexington Books, 1989 (written for therapist but useful for foster parents in understanding children's trauma)

Your Child's Self-Esteem: The Key to His Life 2nd ed. D. C. Briggs New York, NY: Doubleday and Co., Inc, 1975

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Ryan, Patricia Fostering Discipline. Eastern Michigan University: Ypsilanti, 1983.

Ryan, Patricia, Ph.D., Bruce L. Warren, Ph.D., Emily Jean McFadden, MSW, Seventeen Course Outlines for Foster Parent Training. Eastern Michigan University: Ypsilanti, Michigan, 1979.

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FOSTERING FAMILIES

Colorado State University
Application for Partial Credit

Module No.: SW _ _ _ . _ _ _

Name: _____ Soc. Sec. #: _____

Address: _____ Phone: _____

(city) (state) (zip)

Grading: Pass/Fail (unless otherwise requested)

The Social Work Department at Colorado State University will grant university credit for each six different modules of training completed. Applications for credit must be made at the Time of Each Module Training ONLY. All work carried out in the modules must meet general academic standards of Colorado State. Written materials must be submitted and receive satisfactory grading for credit to be awarded. These applications will be held until the applicant completes his/her sixth module training. At this point, s/he will be able to formally register through the Division of Continuing Education for 1 credit hour. One credit hour of these modules costs \$90.

FOSTERING FAMILIES

ENHANCING CHILD DEVELOPMENT: THE MIDDLE YEARS

Evaluation by Participants

The following items are designed to assess your satisfaction with the training as well as the effectiveness of the training design and materials. Please use the following scale and circle your response.

- 1 - not well addressed in the training
- 2 - not as adequately addressed as necessary
- 3 - adequate; given sufficient attention
- 4 - well addressed in the training
- 5 - very well addressed in the training

		Not Well Addressed		Very Well Addressed	
1.	To understand a child's development within the larger context of family and social development.....1	2	3	4	5
2.	To learn the basic stages of cognitive, social, emotional, moral, and physical development within the middle years....1	2	3	4	5
3.	To gain an understanding of the range of normal growth and development for ages 7 to 12.....1	2	3	4	5
4.	To examine the parenting tasks for middle childhood, generating ideas for successful support.....1	2	3	4	5
5.	To explore special needs of children in foster care during the middle years.....1	2	3	4	5

- B. The following items relate to program aspects of the training module. Please rate these items on the following scale. Any additional comments are welcome in the space provided after the question.

1 - Very Poor
2 - Poor
3 - Adequate

4 - Good
5 - Very Good

	Very Poor	Poor	Adequate	Good	Very Good
1. The length of the training..... (Was the material covered in the time allotted?)	1	2	3	4	5
2. Usefulness of training manual.....	1	2	3	4	5
3. Participant responsiveness.....	1	2	3	4	5
4. Your ability to participate expressing your ideas, feelings, and concerns.....	1	2	3	4	5
5. Your interest in the training session.....	1	2	3	4	5
6. Your comprehension of the material presented.....	1	2	3	4	5

COMMENTS: Please be specific: _____

- C. We are interested in your feedback about our trainer, co-trainer(s). With this feedback we can continue to improve our sessions.

1 - Totally inadequate and ineffective
2 - Generally inadequate and ineffective
3 - About half and half
4 - Usually adequate and effective
5 - Highly adequate and effective

	Totally Ineffective/ Inadequate			0	Highly Effective/ Adequate	
1.	Knowledge/mastery of the subject matter.....	1	2	3	4	5
2.	Preparation.....	1	2	3	4	5
3.	Ability to communicate.....	1	2	3	4	5
4.	Style of presentation.....	1	2	3	4	5
5.	Enthusiasm/interest in subject matter.....	1	2	3	4	5
6.	Overall performance.....	1	2	3	4	5
7.	Ability to facilitate.....	1	2	3	4	5

8. In general, what would you identify as the strengths of trainer(s)?

9. In general, what would you identify as the deficiencies of trainer(s)?

D. The training setting is obviously an important aspect of a sessions success. We are interested in your feedback regarding the location, room, etc., and again welcome any comments or suggestions.

	Very Poor	Poor	Adequate	Good	Very Good
1. Setting appropriate for concentration, i.e., distraction, noise, temperature.	1	2	3	4	5
2. Setting conducive for participation.	1	2	3	4	5

COMMENTS: Please be specific: _____

E. Overall Comment: What could have been done differently to make the training sessions more beneficial or helpful to you? (Please use back of page if necessary).

I.D. # _ _ _ _

FOSTER CARE DEMOGRAPHICS

E. DIRECTIONS: Please fill in all blanks with information where needed or circle the correct number where several choices are provided on the next two pages.

1. Last 4 #'s of Social Security # _ _ _ _
2. Circle correct role: 1. worker 2. foster parent
3. Other _____ (please specify)
3. Date _ _ - _ _ - _ _
4. County _____
5. Circle gender: 1. Male 2. Female
6. Circle racial background: 1. Hispanic 4. American Indian
2. Black, not of 5. White, not of
Hispanic origin Hispanic origin
3. Asian-American 6. Other: _____
7. Age _____
8. Are you (please circle one): 1. Married 2. Separated 3. Single
9. Number of birth & adopted female children _____
10. Number of birth & adopted male children _____
11. Circle age group of birth & adopted children:
1. all under 5 5. all over 18
2. all under 10 6. some under 18 &
3. all under 15 others over 18
4. all under 18 7. none
12. Highest level of formal education: (please circle one)
1. some high school 4. college graduate
2. high school graduate 5. Master's degree or higher
3. some college
13. Within the past year, have you participated in any other foster care training other than Colorado State's Fostering Families?
1. yes 2. no

Thank you for your help! Your feedback is important for our continuing improvement of the Fostering Families project.

PLEASE CONTINUE TO THE NEXT PAGE

F. DIRECTIONS: Finally! Complete only the section which refers to you as either a Foster Care Parent or Foster Care Worker.

FOSTER CARE PARENT SECTION

14. What type of agency are you employed or licensed through?
- | | |
|---|---------------------------------|
| 1. Coun Department of Social Services | 4. Indian/Tribal |
| 2. Private Child Placing Agency | 5. Other (please specify) _____ |
| (please specify) _____ | |
| 3. Both County Department of Social Services and Private. | |
15. Total # of children presently in home _____
16. Number of foster female children _____
17. Number of foster male children _____
18. Circle age group of foster children:
- | | |
|-----------------|---------------------------------|
| 1. all under 5 | 6. some under 18 & some over 18 |
| 2. all under 10 | 7. no children now |
| 3. all under 15 | 8. not yet foster parents |
| 4. all under 18 | 9. other _____ |
| 5. all over 18 | |
19. Is at least one parent in the home providing parenting and supervision?
1. Yes 2. No, Parent(s) have work responsibilities outside of the home.
20. Length of involvement as foster family: _____ years
21. Number of foster children for which licensed _____
22. Total number of foster children since being a foster parent _____
23. Circle general age groups of foster children you have served:
- | | |
|-----------------|-------------------------|
| 1. 0 - 24 mos. | 4. 0 - 18 years |
| 2. 1 - 6 years | 5. 0 - 21 years |
| 3. 0 - 12 years | 6. short term/emergency |

FOSTER CARE WORKER SECTION

24. What type of agency are you employed or licensed through?
- | | |
|---|------------------------|
| 1. County Department of Social Services | 3. Indian/Tribal |
| 2. Private Child Placing Agency | 4. Other _____ |
| (please specify) _____ | (please specify) _____ |
25. Are you currently employed as a foster care worker? 1. Yes 2. No
26. Length of time in current agency _____ years
27. Current title:
- | | |
|-------------------|--------------------------|
| 1. Caseworker I | 5. Supervisor II |
| 2. Caseworker II | 6. Foster Case Trainer |
| 3. Caseworker III | 7. Other (specify) _____ |
| 4. Supervisor I | |
28. Length of time in current position _____ years
29. Length of time in protective services/foster care unit _____ years